MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36219

File No.

Registered No.

NOV 13 1934

1. PLACE OF DEATH
County Jackson
Township Grand
City K C Mo (No. 3242 Tracy, St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Maria Carlile
(a) Residence, No. 3242 Tracy St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-1859
7. AGE Years 75 Months 2 Days 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

FATHER
13. NAME Wm Carlile
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Sara Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Oscar Carlile (ADDRESS) Simpson Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Polo DATE 10-27 1934
19. UNDERTAKER Alspaugh & Cowley (ADDRESS) Polo Mo.
20. FILED Oct 26 1934 M M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-34, 19
22. I HEREBY CERTIFY, That I attended deceased from ..., to ..., 19.... I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at ....m. The principal cause of death and related causes of importance were as follows: Date of onset

Broncopneumonia
10 18

Other contributory causes of importance:

Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD